SENTENCING DEL RIO DIVISION

CASI	E No.:	DR:24-	M -01488(1)-EG	_					
DEF	ENDANT:								
#1 /	Aryan Mahmoudpour			#1 [CJA] Priscilla Puente-Chacon					
JUDO	GE:	ERNEST	GONZALEZ	AUSA:	Izaak Bruce				
DEPUTY CLERK:		Jessica Patino		INTERPRETER:	Nawzad Muradi	€ N			
COURT REPORTER: Ziyacdah Atkinson			PROB. OFFICER	₹:	•				
DATE	E:	Monday,	August 12, 2024	TIME:	a:44am	Unurs			
X	COURT ACCE	COUNTS: ET TO: APPEAR ED & WAR PTS PLEA TO PRE-SI	RANT ORDERED AGREEMENT ENTENCE REPORT HEA	ARD					
	GOVT'S ORAL MOTION FOR 3E1.1(b) ORALLY GRANTED								
	DISMISSED COUNTS UPON GOVT MOTION: COUNTS:								
X	COURT ADVISED DFT OF RIGHT TO APPEAL								
	DFT GIVES ORAL NTC OF APPEAL DFT CONTINUED IN CUSTODY								
X									
	DFT REMANDED TO CUSTODY DFT CONTINUED ON PRESENT BOND PENDING DESIGNATION OF INSTITUTION								
	DFT SHALL NOT BE REQUIRED TO REPORT PRIOR TO:								
	COURT RECOMMENDS BOP PLACEMENT:								
			NEFITS FOR						
			E FINANCIAL RESPONS		ı				
	OTHER:								

COUNT:	TYPE SETTINGS. (S: Yes) DAY (CR/CS)	S/R <u></u> \(\rac{1}{2}\)	OTIR	YRS. (CR/CS)			
() S () S	SUBSTANCE ABUSE TREATM NOT USE OR POSSESS CON' SUBMIT TO SUBST. ABUSE T SHALL ABSTAIN FROM USE O SHALL NOT PURCHASEPS PARTICIPATE IN MENTAL HE SHALL TAKE MENTAL HEALT SHALL PROVIDE ACCESS TO SHALL NOT INCUR NEW CRE J/C IMPOSES FIN. PNLTY SHA EMPLOYMENT W/OUT PRIOF	ENT FROLLED SUBS' ESTING OF ALCOHOL/IN' YCHOACTIVE S ALTH TREATME MEDS. PRESCE FINANCE INFO DIT CHARGES ALL PAY FIN. PN APPROVAL	() T. () TOX. UBST. () RIBED ()	PLACE RESTRICTI COMPLY W/ CHILD GAMBLING CONDI COMMUNITY SVC: PARTICIPATE IN A OBTAIN GED INCA SHALL PARTICIPATE SHALL P	ONS SUPPORT COU TIONS HRS W/ COGNITIVE-BEI R. OR W/IN FIRS TE IN EDUCATION TE IN VOCATION RY CTR	IRT ORDER IN MOS/DAYS HAVIORAL TREATMENT ST MOS. OF SR DNAL SERVICES PROG. NAL SERVICES PROG. DAYS/MONTHS			
PROB	MOS/YRS	FINE \$	\bigcirc	S/A\$ Rem	REST.	\$			
COUNT:									
	MOS. (
PROB	MOS/YRS	FINE \$		S/A \$	REST.	\$			
COUNT:									
IMP.	MOS.) DAY (CR/CS	S/R		YRS. (CR/CS)			
PROB	MOS/YRS	FINE \$		S/A \$	REST.	\$			
COUNT:									
IMP.	 MOS.) DAY (CR/CS	S/R		YRS. (CR/CS)			
PROB	MOS/YRS	FINE \$		S/A \$	REST.	\$			
COUNT:									
•	MOS.		_) DAY (CR/CS	S/R	<u>-</u>	YRS. (CR/CS)			
PROB		FINE \$		S/A \$	REST.	\$			
OTHER:									
Species [] Payr	is waived or is below the cial assessment ordered ment Plan: \$	guideline rang emitted upon month. Due no	ge because of the Government's control of the Government's	ne defendant's ina	ability to pay.	onment or:			